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CONFIRMATION NO. 9695

SERIAL NUMBER 09/922,656	FILING DATE 08/07/2001 RULE	CLASS 430	GROUP ART UNIT 1756	ATTORNEY DOCKET NO.	
APPLICANTS Yoshihiko Okamoto, Tokyo, JAPAN; Noboru Moriuchi, Tokyo, JAPAN; ** CONTINUING DATA ***** This application is a CON of 09/567,158 05/09/2000 PAT 6,309,800 which is a CON of 08/896,139 07/17/1997 PAT 6,153,357 which is a CON of 08/478,023 06/07/1995 PAT 5,753,416 which is a DIV of 08/219,726 03/29/1994 PAT 5,455,144 which is a DIV of 08/026,200 02/26/1993 PAT 5,298,365 which is a CON of 07/699,703 05/14/1991 ABN which is a CIP of 07/610,422 11/07/1990 ABN ** FOREIGN APPLICATIONS ***** JAPAN 2-247100 09/19/1990 JAPAN 2-126662 05/18/1990 JAPAN 2-71266 03/20/1990 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/27/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY JAPAN	SHEETS DRAWING 67	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS 24956 MATTINGLY, STANGER & MALUR, P.C. 1800 DIAGONAL ROAD SUITE 370 ALEXANDRIA, VA 22314					
TITLE					

PROCESS FOR FABRICATING SEMICONDUCTOR INTEGRATED CIRCUIT DEVICE, AND EXPOSING
SYSTEM AND MASK INSPECTING METHOD TO BE USED IN THE PROCESS

<p>FILING FEE RECEIVED 1010</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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